



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3703 www.pfha.org

DNA and BLOOD TYPING KIT ORDER FORM

OWNER: PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial _____
 Farm or Business (If applicable) _____ Farm's PFHA Number _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____

HORSE BEING TESTED: Horse's Name: _____
 Horse's Registration Number: _____ Date of Birth: ___/___/___ (MM/DD/YYYY) Color: _____
 Sex of Horse: Mare Gelding Stallion (Please circle one)
 Dam's Name _____ Dam's PFHA Registration Number: _____
 Please check here if dam is not registered with PFHA:
 Sire's Name _____ Sire's PFHA Registration Number: _____
 Please check here if sire is not registered with PFHA:

For Office use
Lab # _____
Lab # _____

THE DNA KIT YOU ARE ORDERING IS FOR GENETIC TESTING ON THE ABOVE HORSE ONLY.

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX
 Amount Due if kit is sent via email: \$55 per kit for Members NM \$105
 Amount Due if kit is sent via US Postal Service: \$65 per kit for Members NM \$115
 Amount Paid \$ _____
 Card Number: _____ Expiration Date: _____ Security Code: _____
 Card Holder's Name: _____
 Card Holder's Address: _____
 Card Holder's City: _____ State: _____ Country: _____ Zip: _____
 Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Card Holder's Fax: _____ E-Mail Address: _____
 Card Holder's Signature: _____

SHIPPING ADDRESS IF DIFFERENT THAN OWNER'S ADDRESS:
 Last Name: _____ First Name: _____ Middle Initial _____
 Farm or Business (If applicable) _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____
 DNA kits are shipped US Postal Mail unless otherwise indicated. If requesting UPS, a physical address, not a Post Office Box, must be given. Any additional shipping charges will be the responsibility of the receiver.
 Special Shipping Instructions you have: _____

For PFHA Office Use:
 Check one: Permanent File Parent Verification
 Prepared By: _____ Date: _____(MM/DD/YYYY)
 Sent By: _____ Date: _____(MM/DD/YYYY)

INSTRUCTIONS:
 1. This form is used by the member to request a DNA and Blood Typing Kit. The kit is required for a member to register a paso fino with the Paso Fino Horse Association.
 2. Mail this form and payment to:
 Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601
 Email to registration@pfha.org